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LINES

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EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
ATTORNEY DOCKET NO. 50084.0001 EXPRESS MAIL LABEL: ER73932805US

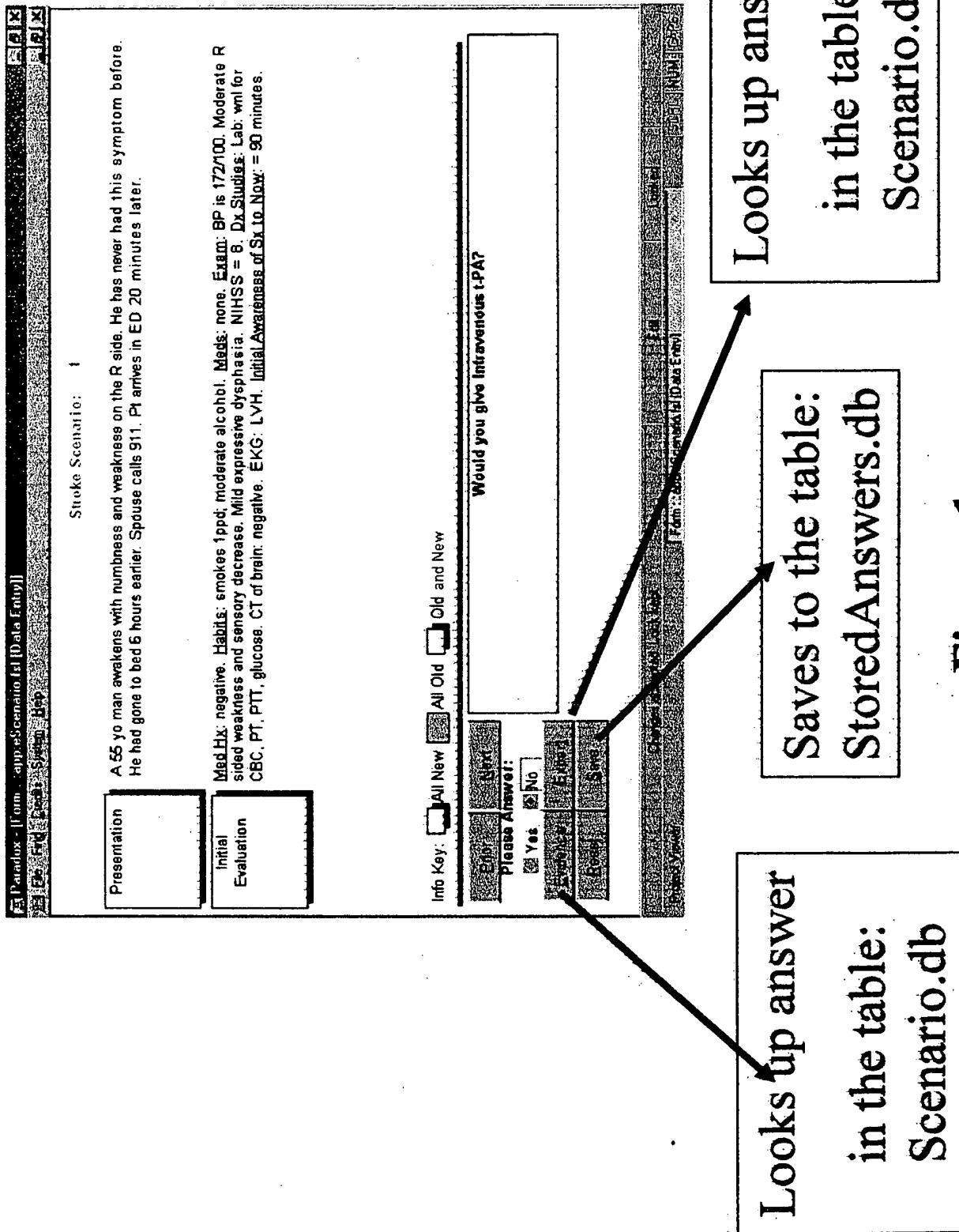


Figure 1

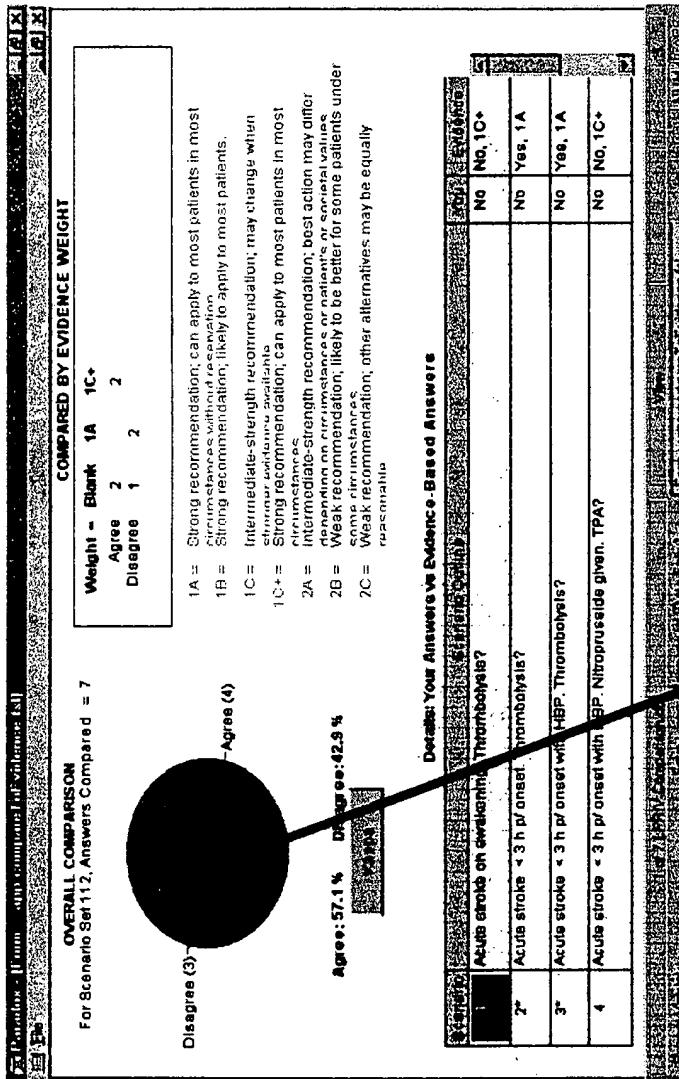
EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
ATTORNEY DOCKET NO. 50084.0001 EXPRESS MAIL LABEL: ER79322805US

Presentation On general physical examination, a 66 year old man was noted to have 5 mm of anisocoria with the small 3 mm pupil on the left. The right pupil did not react to light. There is no ptosis. Ocular motility was full. The pupillary inequality was noted by the patient for one week. The eye examination and general neurological examination were normal. The patient had no history of previous surgery or serious general medical problems.		Stroke Scenario: 4 Initial Evaluation One drop of 1% pilocarpine was placed in each eye. Thirty minutes later the right pupil was 8 mm and the left was 2 mm.	Info Key: <input type="checkbox"/> All New <input checked="" type="checkbox"/> All Old <input checked="" type="checkbox"/> Old and New Please answer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Nb Does the patient have a right third nerve palsy?
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Compares answers in the tables:
Scenario.db and **StoredAnswers.db**

Figure 2

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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Calculates kappa, based on answers in the tables:
 Scenario.db and StoredAnswers.db

Figure 3

Calculation of Kappa Score

$$\text{Kappa} = (P_{\text{observed}} + P_{\text{expected}}) / (1 - P_{\text{expected}})$$

Opinion 1

Opinion 1		Opinion 2	
Yes	No	Yes	No
YY	NY	YN	NN
YN	NN	YY	NY

```
TotalTally = YY+NN+YN+NY
TotY2 = YY+NY
TotN2 = YN+NN
TotY2% = TotY2/TotalTally
TotN2% = TotN2/TotalTally
TotY1 = YY+YN
TotN1 = NY+NN
TotY1% = TotY1/TotalTally
TotN1% = TotN1/TotalTally
ExpectedChanceAgreement = (TotY2%*TotY1%)+(TotN2%*TotN1%)
if ExpectedChanceAgreement = 1 then
    Cannot calculate Kappa. Expected chance agreement = 100%
endif
kappaScore = (((YY+NN)/TotalTally)-ExpectedChanceAgreement)/(1-ExpectedChanceAgreement)
```

Figure 4

*eScenario presents the user with a clinical situation
The white page is separated by a horizontal line. The
scenario is presented above the line.*

Questions requiring Yes-No answers appear below the line.

Would you do X ?

Yes No

Figure 5

Presentation	This is information about the <u>clinical presentation</u> .
Initial Evaluation	Information about the <u>initial evaluation</u> : exam, lab, imaging, etc.
Course	Information about the <u>subsequent clinical course</u>
Would you do X ?	
<input type="radio"/> Yes <input type="radio"/> No	

Figure 6

Presentation

This is information about the clinical presentation.

Initial Evaluation

Information about the initial evaluation: exam, lab, imaging, etc.

Course

Information about the subsequent clinical course

Would you do X ?

Yes No

Figure 7

**EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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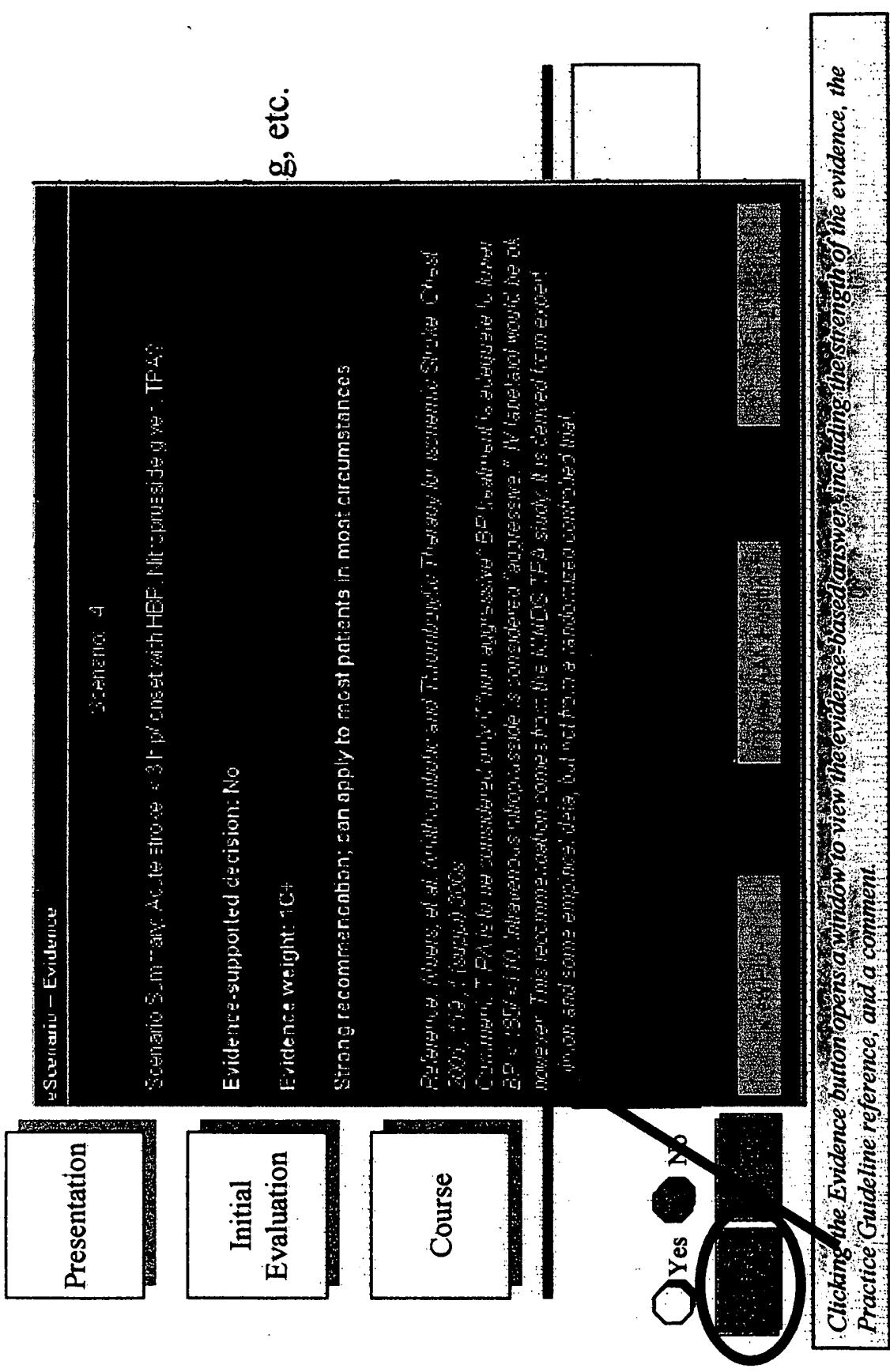


Figure 8

**EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
ATTORNEY DOCKET NO. 50084.0001 EXPRESS MAIL LABEL: ER739322805US**

Presentation

Scenario – Evidence

Scenario Summary Article ER739322805US

**Initial
Evaluation**

Evidence-supported decision: No

Evidence weight: 1C+

Strong recommendation: can apply to most pa-

Practice Advisory:
Thrombolytic therapy for acute ischaemic stroke—
Summary Statement

Report of the Quality Standards Subcommittee of the American Academy of Neurology

An article was published in the New England Journal of Medicine by Weisbrod (1993) describing a randomised controlled trial using recombinant tissue plasminogen activator (rt-PA) for acute ischaemic stroke within the first three hours of onset. The use of thrombolytic agents in reducing the risk of ischaemic haemorrhage that can be unique or fatal. An accompanying editorial, to err on a established guideline when it is feasible, is sound, especially when it is based on a large number of patients. We often see the same kind of evidence, such as the National Institute of Neurological Disorders and Stroke (NINDS) rt-PA trial, being used for stroke in the emergency department setting (S. Toper, personal communication, 2004). This recommendation comes from the American Stroke Conference (ASC) in 2003, and some argue that date, but not April 2003 as is

justification. Stroke offices should be kept up-to-date periodically, especially as medical and technological advances are made. The National Institute of Neurological Disorders and Stroke (NINDS) rt-PA trial, for example, is not yet available for stroke patients, but also, because it is an acute stroke, it is also important that neurologic productivity and unpaid dependents, family and society for care. Many stroke patients need medical attention. In a hospital care, and even those who return home with minor deficits, can be educated to be an independent participant in daily activities. Their independence is the basis of their well-being. It is highly encouraged that families be educated and made familiar by stroke patients. However, it is important to remember that stroke patients are often left with significant deficits, and it is important to provide the best care possible for them.

As a result, the following recommendations are made:

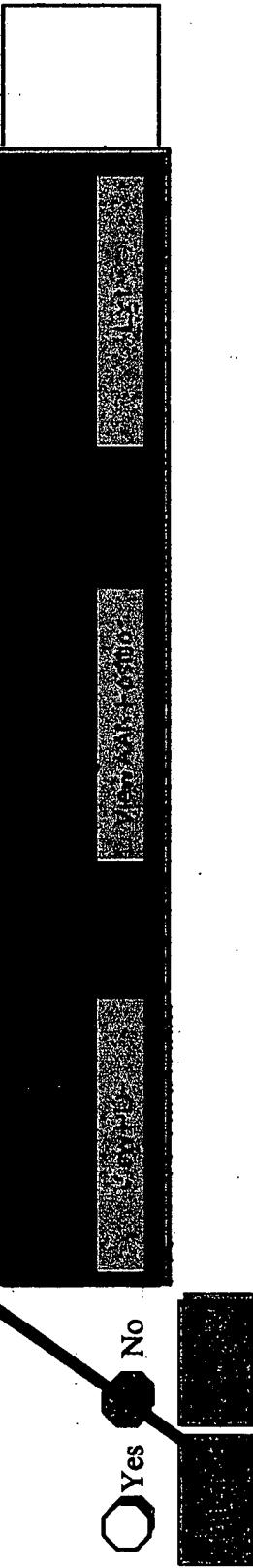


Figure 9

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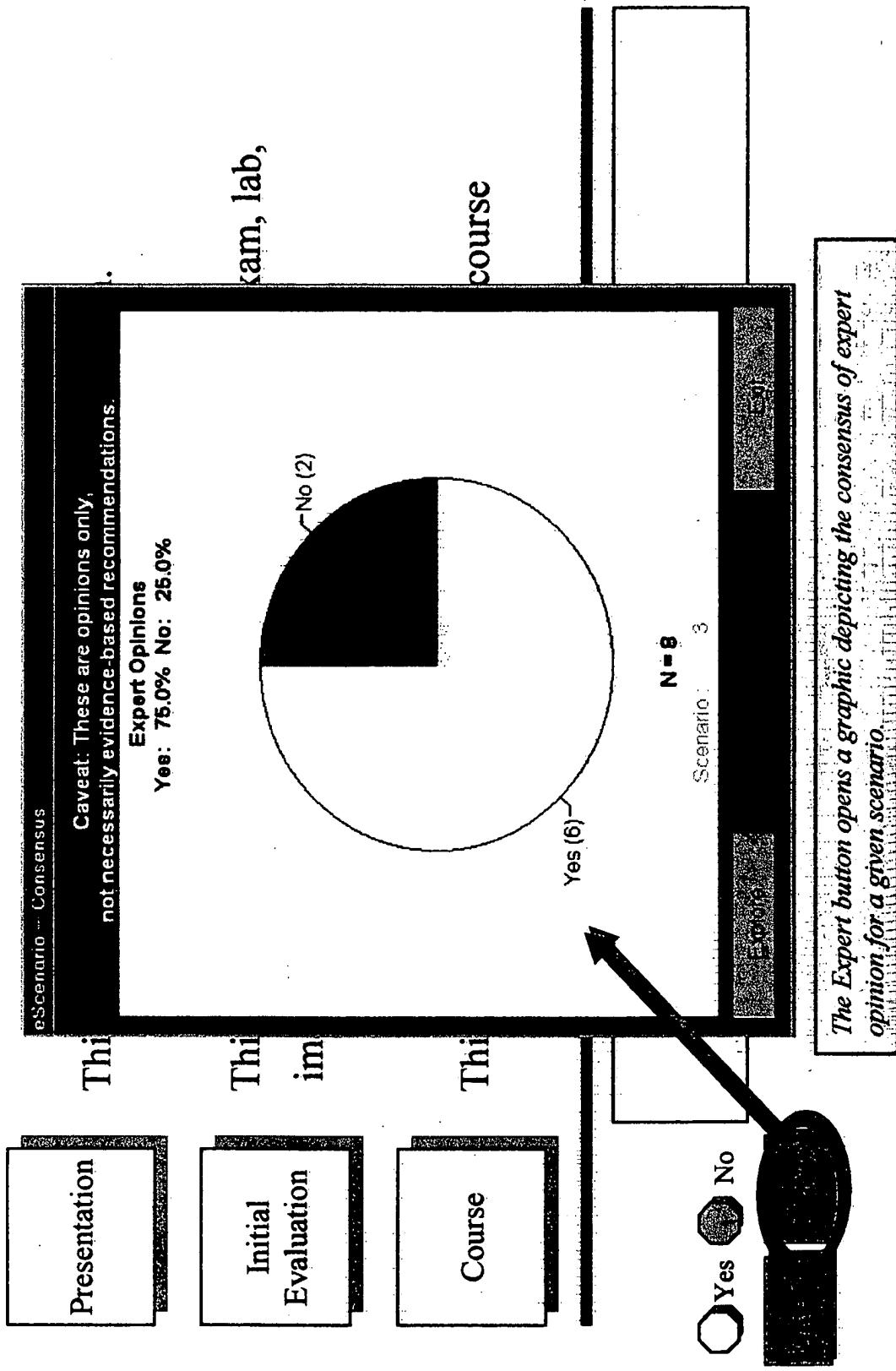


Figure 10

Presentation

This is information about the clinical presentation.

Initial
Evaluation

This is information about the initial evaluation: exam, lab, imaging, etc.

Course

This is information about the subsequent clinical course

Yes No

Would you do X ?

Figure 11

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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<input type="checkbox"/> Presentation	<input type="checkbox"/> This	<input type="checkbox"/> This	<input type="checkbox"/> This
<input type="checkbox"/> Initial Evaluation	<input type="checkbox"/> image	<input type="checkbox"/> Course	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes No

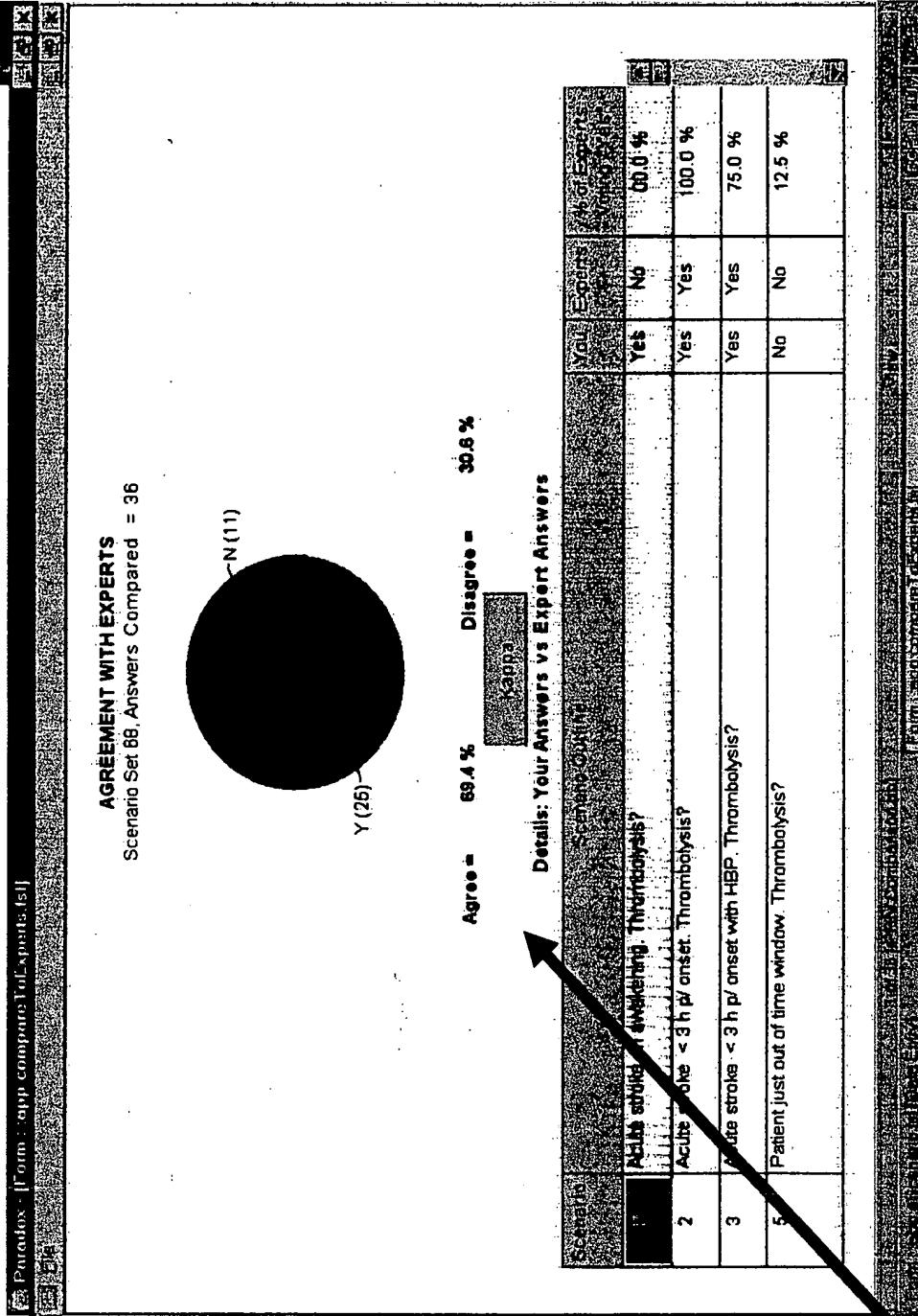


Figure 12

This is information about the clinical presentation.

This is information about the Initial evaluation, exam, lab, imaging etc.

This is information about the treatment and management of the patient.

Would you do X ?

Yes No

Figure 13

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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This is information about the clinical presentation.

Presentation

New, new, new...

Initial Evaluation

Course

This is partly new information about the subsequent clinical course

Would you do X ?

Yes No

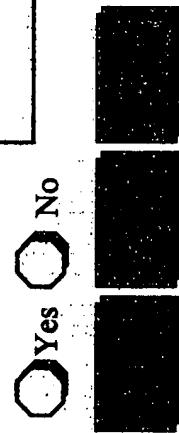


Figure 14

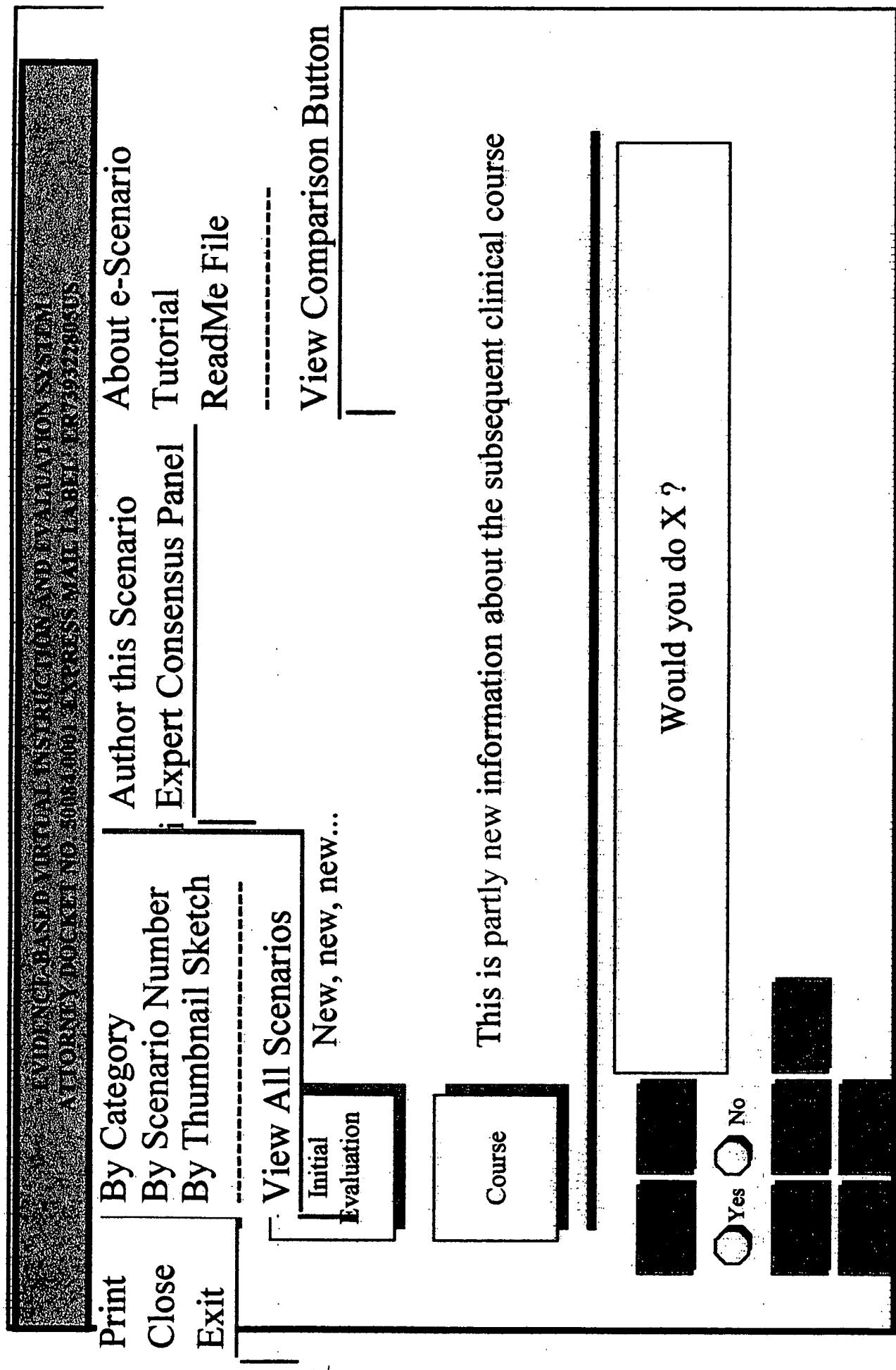


Figure 15